

TOWN OF HERNDON PARKS & RECREATION DEPARTMENT P.O. BOX 427, HERNDON, VA 20172 703-787-7300 www.herndonfestival.net









The Herndon Festival K9-2k is just the event for ing pet care facilities, pet grooming, pet walking After the walk, explore our Doggie Expo featur-June 3 for the best walk in town. Our 2K (1.25 miles) walk will take you through the neighborhood around the Herndon Community Center. vou and your best friend. Join us on Saturday, and more!



carnival, three stages of top entertainment, an arts art area, great food and more! The Festival is one of Northern Virginia's top outdoor events and it's & crafts show, business expo, children's hands-on Featuring national-level musical performances, Join us for the 26th annual Herndon Festival. Herndon Festival





Dog's Name _____Gender: M / F / N Rabies Tag# Addl. Dog's Name _____ Gender: M / F / N Owner's Last Name _____ State ____ Zip _____ Daytime Phone (____) _____ Owner's Age ____ Email Address:

K-92K and Doggie Expo Registration Form

Make Checks Payable to: Town of Herndon \$15 Before 5/31 \$20 5/31-6/3 \$10 Each Additional Dog Total Payment Enclosed: \$ MosterCord Of VISA

How did you hear about K-9 2K? Credit Card # Exp. Date ______ Signature Date

> Return completed application form and payment to:

Herndon Festival K-9 2K and Doggie Expo Parks & Recreation Department P.O. Box 427

Herndon, VA 20172-0427

I realize that participation in the "Herndon Festival K-9 2K", may involve risk from physical activity and from other causes. I consent to participate in this activity, and I assume this risk. I medically certify to the Town of Herndon that the abovenamed animal and person have no medical or physical infirmity that may render participation in the walk inadvisable, are of suitable age to participate in the walk, and will properly prepare for the walk. I authorize the Town of Herndon, its officers, employees, agents, sponsors, and volunteers authority, at any such person's discretion and at my expense, to administer or to procure of me any medical attention they may deem necessary if I am signing and returning this form to the Town of Herndon in consideration of the Town's providing the opportunity to participate in this activity. If I am a minor my parent or guardian is signing for me.

SIGNATURE & DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER 18)